

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <u>Gregory Champion</u>	COURT CASE NUMBER <u>07C 7267</u>
DEFENDANT <u>Thomas Daft, et al.</u>	TYPE OF PROCESS <u>amended SC</u>
SERVE ▶	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Thomas Daft, Sheriff, Cook County</u>
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>50 W. Washington Room 704 Chicago IL 60602</u>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Gregory Champion, #2006-0080031  
Cook County Jail  
P.O. Box 089002  
Chicago, IL 60608

Number of process to be served with this Form - 285	<u>1</u>
Number of parties to be served in this case	<u>4</u>
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

FILED

Fold

AUG 21 2008 TC  
 Aug 21, 2008  
 MICHAEL W. DOBBINS  
 CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

07-16-08

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>484</u>	District of Origin No. <u>24</u>	District to Serve No. <u>24</u>	Signature of Authorized USMS Deputy or Clerk <u>TD</u>	Date <u>07-16-08</u>
---	-----------------------------	-------------------------------------	------------------------------------	---	-------------------------

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <u>Coral McFadden Legal Asst.</u>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service <u>8-13-08</u>
	Time <u>1210</u> pm
	Signature of U.S. Marshal or Deputy <u>[Signature]</u>

Service Fee <u>48.00</u>	Total Mileage Charges (including enclaves) <u>.48</u>	Forwarding Fee <u>0</u>	Total Charges <u>48.48</u>	Advance Deposits <u>0</u>	Amount owed to U.S. Marshal or <u>48.48</u>	Amount of Refund <u>0</u>
-----------------------------	--	----------------------------	-------------------------------	------------------------------	--	------------------------------

REMARKS:

1 DUSM / 1 Hour / 1 Mile (RT)